UTAH DIGITAL HEALTH SERVICE COMMISSION MEETING

Thursday November 4, 2021, 10:00 AM – 12:00 PM MT
Room 125 (Cannon Building) & Google Meet (meet.google.com/mix-bhru-vhf)

Minutes

Members Present: Preston Marx, Brian Chin, Chris Klomp, Dallas Moore, Mark Dalley, Matthew McCullough, Randall Rupper, Todd Bailey, Trish Barrus.

Additional Attendees: Navina Forsythe, Kyle Lunt, Admore Jokwiro, David Cook, Debbie Williams, Deepthi Rajeev, Huazhong Pan, Humaira Lewon, Robert Wilson, Sid Thornton, Valli Chidambaram.

Welcome

Preston Marx welcomed everyone and began the meeting. New attendees Admore Jokwiro and Debbie Williams gave a brief introduction of themselves.

Motion

Preston Marx asked for a motion to approve the minutes for the September Meeting. Trish Barrus made a movement to approve. Chris Klomp seconded. The minutes were approved with no objection.

Announce Nominees for Chair Elect

There are two nominees, Brian Chin and Matt McCullough. Committee members could vote using the Google form link. The Committee would disclose the vote results by the end of the meeting.

2021 Review of Topics Addressed

Navina Forsythe reviewed the 2021 UDHSC addressed topics.

- *Telehealth*
Telehealth started in January. UDHSC created a telehealth subcommittee. They put lots of effort into moving telehealth forward. Matt McCullough added that the policies change all the time, but the new policy keeps telehealth around long-term and allows patients to receive care in their home, especially for mental health.

- *Social Determinants of Health*
UDHSC had lots of meetings on this topic. It has been one of the governor's top priorities. There's been a large multi-agency committee co-chaired by the Department of Health and United Way addressing next steps. The committee was looking at ways to have unique citizen IDs and set up platforms where they can consent to referrals to social service agencies and can get information to know that referral has been followed up. There were lots of works on this topic.

- *Aging Issues and Health Information Technology*

The commission wrote a recommendation and officially supported allowances of electronic signatures and approval for ePOLST forms. Finished two projects that started under the State Innovation Model Grant that the Commission was overseen. One project is to make ePOLST as a type of documentation and create an ePOLST registry that healthcare providers can access through UHIN to track the most current POLSTs in real time. Another project is for sharing non-transport falls for elderly patients through the patient discovery API with UHIN. If a patient is known to UHIN that UHIN can share that information with providers that subscribed to the notice so they could follow up with an assessment at home for the patients they're considered high risk for future falls and to reduce future falls. Created Home Health Hub with UHIN to increase communications between healthcare providers to mitigate falls risk.

- *Landscape for Using and Sharing Genetic Information*
There is a panel about sharing genetic information. Randall Rupper said that there still need to go deeper in order to make suggestions.

- *COVID Technologies, Apps & Automated Contact Tracing*
There were lots of investments with COVID technologies, with use of applications, with automating contact tracing and a lot of funding to update old infrastructure related to health IT in public health and other areas. There were lots of advancements also come to HIT.

- *Rural Health*
There was a panel on rural health, they identified a lot of needs related to telehealth, broadband, infrastructure, etc.

- *New Federal HIT Strategic Plan & Project Tracking*
Some of the HITECH projects were initiated by this Commission and had been worked on for the past 3 years. The projects were completed and had huge advancements. The next will need to finalize the draft for the new State Health Information Technology Strategic Plan that the commission has led. Navina reminded that people can submit suggestions either for follow up on the previous topic that the Committee needs to dive deeper or new topics that they feel important.

Utah Health Information Technology Strategic Plan & Project Tracking

Kyle Lunt thanked people who responded to the Google survey on the Strategic plan that he sent out in September. He went through the survey results and discussed the current Strategic plan as well (for detail, see "Utah HIT Strategic Plan.pptx" and "Utah HIT Strategic Plan 2021-2025.docx").
The "Utah Health Information Technology Strategic Plan 2021-2025 - A Collaborative Planning Document" listed all UDHSC members. Brian suggested only keeping the "Utah Digital Health Service Commission (UDHSC)". The members of the UDHSC can be put to the appendix. Chris and Mark agreed.

- *Health Information Technology (HIT) Visions*
2020-2025 Federal HIT vision is: A health system that uses information to engage individuals, lower costs, deliver high quality care, and improve individual and population health. 2016-2020 Utah Vision is: Utah to be a place where the secure and efficient use and exchange of electronic health information will result in improved health status, better health care, lower cost and healthier communities. There was a strong preference among the commission to continue to use the existing Utah vision.

The new 2021-2025 Utah HIT Strategic Plan HIT vision was modified from the previous one: "for Utah to be a place where the secure and efficient use of electronic behavioral and physical health information will result in improved health status, better health care, lower cost, and healthier communities". David Cook suggested keeping the word "exchange" in the HIT vision and adding "interoperability". Trish suggested and Mark, Chris and Navina agreed to use "mental, social, behavioral and physical health information" instead of only "behavioral and physical health information" in the HIT vision.

- *Guiding Principles*

Kyle showed the 2020-2025 Federal Guiding Principles and 2016-2020 Utah Guiding Principles. There are more people who prefer to use the federal guiding principles.

Kyle explained the new guiding principles were taken from the Federal ones with minor changes, include "Put individuals first; Focus on value; Build a culture of secure access to health information; Put research into action; Encourage innovation and competition; Be a responsible steward"; and "Build robust Health IT solutions", which was not included in the Federal of Guiding Principles but in the previous Utah guiding principles.

Commissioners discussed the definition of "equity" in the principles. They thought it can be interpreted as equity between mental health and Physical Health; all people have access to the same value of healthcare services; etc. Mark Dalley suggested leaving it open to interpretation. Preston Marx said that he liked the framework and that the State of Utah embraces the patient or individual first.

The goals of the principles, Navina pointed out, are that they can help to find out where do we have gaps, where need to be done, what projects and fundings that we need to pursue to fill those gaps.

- *Goal and Objectives #1*

2020-2025 Federal Goal is: Promote Health and Wellness. 2016-2020 Utah Goal is: Advance the Health and Well-Being of Individuals and Communities through Person-Centered and Self-Managed Health. The survey showed a slight preference to continue using the Utah goal and objectives.

The new plan is very similar to the previous one. Added one objective to Goal 1 to address the social determinants of health (SDOH). Committee members did not have any comments on the new Goal and Objectives #1.

- *Goal and Objectives #2*

2020-2025 Federal Goal is: Enhance the Delivery and Experience of Care. 2016-2020 Utah Goal is: Strengthen Health Care Delivery Transformation. The committee members were slightly in favor of the Federal goal and objectives, but in many places, committee members also preferred the existing Utah ones.

In the current plan, Goal 2 is largely borrowed from the new Federal plan and added "price transparency" to make it more explicit. Mark Dalley thought the Objectives 2C and 2D were contradictory. The federal government is trying to enforce price transparency by adding significant amounts of regulatory pressure on hospitals, but small hospitals don't have the staff to do that. So, how to foster transparency and reduce regulatory burden at the same time. Preston Marx also thought that 2D should be ahead of the others, and this is one of those goals needed to be in sync with the federal goals. Mark Dalley also agreed with Preston to switch 2C 2D to make it clear that reducing burden is important. Commission members also discussed keeping or removing "promoting price transparency" to make this plan more general or make it a sub-point.

- *Goal and Objectives #3*

2020-2025 Federal Goal is: Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation. 2016-2020 Utah Goal is: Support Innovation and Applied Research to Efficiently Implement Statewide Health IT Initiatives. The committee members were slightly preference to keep the existing Utah goal and objectives. There were no changes in the new plan.

- *Goal and Objectives #4*

2020-2025 Federal Goal is: Connect Healthcare with Health Data. 2016-2020 Utah Goal is: Enhance Utah's Interoperable Health IT Infrastructure. The committee members had a preference to use the Utah goal and objectives.

The current plan was from the old one without any significant changes. One comment from the survey was to consider removing the word "CHIE" from objective 3 to make it more general. Chris Klomp added that he liked the idea of not calling out specific organizations or technologies to make the plan more general and flexible.

- *Priority Framework*

Kyle presented and explained these priorities including priority to improve system interoperability and portability to support integration of physical and behavioral health care and improve population health for all Utahans; Health IT must support an integrated collaborative learning health system; Health IT must improve efficiency of health promotion and enhance health IT literacy and training. Kyle also presented the associated diagram. The survey results showed that 4 of the nine members wanted to discard both the description and the diagram, 4 of nine members wanted to keep both, and one member wanted to keep just the diagram. The reason that some commissioners voted to remove it was because the diagram was too complex and already explained in other goals. Some commissioners like it because it can give another perspective of the plan. Navina asked if it can be simplified and updated to reflect the new principles. Commissioners agreed with this idea.

- *Project Tracking*

The 2016-2020 Utah strategic plan listed specific projects with objectives. For tracking of the 2021-2025 strategic plan projects, most of the commissioners supported tracking projects not directly in the strategic plan. They are planning to create a shared document like Google Sheet that would be accessible to the commission where the commission could track projects, update statuses, take notes, etc.

- *Performance measures*

In the 2016-2020 plan, the Commission used measures provided by ONC, it provided state-by-state data that Utah could use to evaluate outcomes against other jurisdictions, but they are no longer available now. Since the new plan has no projects directly referenced and the ONC metrics are no longer available, the new plan currently does not establish metrics/measures to gauge success. Navina wondered if anyone is aware of the national comparisons for health information technology, otherwise the committee will keep looking at those comparisons. Navina mentioned that originally when the last plan was created, the Committee felt the need to have some tracking metrics with specific indicators related to the goals and objectives. Since there were 30-40 projects. Many projects were collaborated between multiple agencies, due to the personal turnover of some agencies, they might not be familiar with the projects, so, there were big challenges to get regular status updates. After tracking for about 3 years, 2 years ago the Committee changed these more specific metrics to a much more simplified metric tracking indicated with red, yellow and green colors. The Committee could track the progress of the

projects in red and helped to break down the barriers the projects met. For the new strategic plan, Navina asked which method the Committee wanted to track.

Preston Marx and Mark Dally like to keep using red, yellow and green, the simple way to track the projects. So, at this time, the Committee will keep a simple tracking method and at the same time the Committee will keep an eye on any type of national comparability data so that the Committee can get a sense of where Utah is related to HIT.

- *Next Steps*

Kyle presented the current 2021-2025 draft plan during the meeting. He will make some changes based on the comments during the meeting and will do some cleaning up. He wanted the Commission members to continue to provide additional feedback after the meeting. Navina reminded that the draft strategic plan will be posted on the public meeting website under the Digital Health Service Commission, and they could invite general feedback. It would be great if the commission members could bring back to their organizations and get feedback there.

A final draft will be sent to the commission prior to January's meeting. UDHSC members will decide in January's meeting to approve the strategic plan.

Chair-Elect results

Matt McCullough is the chair elect. The commission members expressed their appreciation to Mark Dalley for his efforts as chair in the last year. The committee Chair moves to Preston Marx.

Meeting adjourned at 11:40.